

D. Lawrence
PATENT
1894-174 (81841.0043)
10/12/03



1894-174 (81841.0043)

Art Unit: 1743


Confirmation No. 8526

Examiner: Patricia K. Bex

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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
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October 3, 2003
Date of Deposit

Wei-Ning Yang, Reg. No. 38,690
Name

 10/03/2003
Signature Date

For: METHOD FOR TRANSPORTING
AND STORING MULTIPLE
REAGENT PACKS

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 7, 2003, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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TC 1700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert J. Mattila

Serial No: 09/594,331

Filed: June 15, 2000

For: METHOD FOR TRANSPORTING AND STORING
MULTIPLE REAGENT PACKS

Art Unit: 1743

Confirmation No.: 8526

Examiner: Patricia K. Bex

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	21	**	LG=\$18 SM=\$9	\$
INDEPENDENT CLAIMS FEE	2	-	5	***	LG=\$86 SM=\$43	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$
TOTAL						\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Wei-Ning Yang
Registration No. 38,690
Attorney for Applicant(s)

Date: October 3, 2003

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